



Volunteer Dental Staff Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Circle one: Dentist Hygienist CDA Specialist Other _____

Specialty (if applicable) _____

Sedation permits _____

Non-English languages spoken _____

May we list you as a volunteer provider on our website? _____

Please circle procedures you are willing to provide:

fillings sealants ortho nitrous space maintainers sedation prophys exams
extractions C&B removable prosth pulpotomies SSCs endo fluoride radiographs
other _____

Please fax completed application to (800) 618-8507 or mail to:

The Hope Smile Center

3625 East Loop 820 South

Fort Worth, Texas 76119